



Pasco County Health Department Dietetic Internship

Pasco County Health Department Dietetic Internship Facility Application Form

SUPERVISED PRACTICE FACILITY: For DT, CP, DI

Type of Affiliation (please check): ☐ Foodservice ☐ Clinical ☐ Community
☐ Business/Entrepreneur ☐ Other _____

Name of Facility: _____

Address: _____

Facility accredited/licensed by: _____

Name of Facility Administrator	_____
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Signature of Facility Administrator ¹	_____
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Name of Internship Preceptor Employed at Facility	_____
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Signature of Internship Preceptor	_____
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Facility Phone Number (including area code)	_____
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Facility Fax Number (including area code)	_____
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Facility E-mail Address	_____
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Type of facility (Please check all that apply)			
Hospital	Longterm Care	Public Health Agency	Community Agency

Other (please describe) _____

Primary Internship facility? (employs full-time at least two RDs who will serve as preceptors for the intern)	____ Yes ____ No	Secondary Internship facility? (employs at least one professional staff member who will serve as the preceptor for the intern)	____ Yes ____ No
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Used as a practice site for the following courses/rotations:

Course	Rotation/Practicum Experience
Community Nutrition in Health Care	
Applied Medical Nutritional Therapy	
Applied Foodservice Systems Management	
Nutrition in the Community	

¹Note that the Academy of Nutrition and Dietetics has established that "Students in supervised practice programs shall not routinely replace employees except for planned professional staff experiences." Accreditation/Approval Manual for Dietetic education Programs, Fourth Edition, Standards of Education - Criterion 4.7 Your signature on this form indicates that you agree to abide by this policy.

SOURCE: COMMISSION ON ACCREDITATION/APPROVAL FOR DIETETICS EDUCATION

Name(s) of Prospective Dietetic Interns that will be in this facility

Number of Dietitians: Total _____ RD _____ Advanced degree _____
Number of Dietetic Technicians: Total _____ DTR _____

Maximum number of students from this program in this facility at one time: _____

Length of time students from this program assigned to this facility: _____

Maximum number of dietetics students from this and other programs in this facility at one time: _____

Brief description of facility/agency/institution (mission, population served):
If this facility will be used for clinical/community experiences, describe types and numbers of patients seen and the types of services provided.

Preventative/education services	Treatment services	Rehabilitative services	Special services	Foodservices

If this facility will be used for foodservices, is it self-operated? ____yes ____no

If managed by a contract company, please identify the company_____

If this facility will be used for foodservice experiences, please identify:

Name of Foodservice Director	
Title of Foodservice Director	
Credentials of Foodservice Director	
Basic type of operation (i.e. cook-chill, conventional etc.)	

Check the following foodservices that are provided in this facility:

Cafeteria	
Meals on wheels/delivery off site	
Restaurant style	
Catering	
Employee meals	
Patient/resident tray	
Patient/client dining room	
Snack-bar/vending	

Brief description of department, including services performed, number of employees, and number of individuals served:

Brief summary of experiences provided for students:

Check items/services that intern will have use of in this facility:

	Available	Not available
Internet		
Word Processing MS Word		
Spreadsheets MS Excel		
Foodservice Management		
Teleconferencing		
E-mail		
Computerized Diet analysis		
Other technology (please describe)		
Reference manuals/books		
Professional journals		
Office space		
Medical library		
Other resources (please describe)		